

Freeways

# Leigh Court Centre

## Inspection report

Pill Road  
Abbots Leigh  
Somerset  
BS8 3RA

Website: [www.freeways.org.uk](http://www.freeways.org.uk)

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07 July 2023  
10 July 2023  
12 July 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Leigh Court Centre is a domiciliary care service that provides personal care to people in their own homes and a number of supported living services. At the time of the inspection 16 people were receiving the regulated activity of personal care.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right care;

People were supported by staff who had checks undertaken to ensure staff were suitable, although we have made a recommendation in relation to Disclosure and Barring Service (DBS) checks as these were not always in place prior to staff employment. People were happy with the care and support they received from staff and staff knew people well. People were supported in the least restrictive way possible and in their best interests.

### Right Support;

People's care plans contained important information relating to their individual needs, routines, likes and dislikes. Staff promoted people's independence and choice and if required information was provided in an alternative format.

### Right Culture;

People received support from staff who felt well supported and who were recognised for their individual contribution. People were encouraged to raise concerns and provide feedback with staff so any problems could be resolved. People were empowered to access the local community such as cafés, the gym and places of interest. Staff supported people to access employment opportunities along with hobbies they enjoyed.

### Rating at last inspection and update

The last rating for this service was Published 16 June 2018 and was rated Good. At this inspection we found the service remained Good.

### Why we inspected

This inspection was prompted as we had not inspected this service since 2018.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Recommendations

We made one recommendation in relation to staff having a Disclosure and Barring Service (DBS) check in place prior to starting their employment.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Leigh Court Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was unannounced and was undertaken by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It also provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection 16 people were being supported with their care and support needs.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave a short notice period so arrangements could be made to visit people at home by an inspector and visit the office.

Inspection activity started on 7 July 2023 and ended on 12 July 2023. We visited the location's office/service on 10 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 staff including the registered manager, the nominated individual, managers and the senior manager. We also spoke with 4 people and 10 relatives and reviewed 2 people's care plans including their supporting information. We also reviewed a range of records such as Medicines Administration Charts (MARs), quality assurance audits and other records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People were supported by enough staff who knew them well, this included people being supported by agency staff. The same agency staff were booked regularly.
- People were happy with their support. One person when asked about the support they received told us it was, "Good". Another person told us, "A very good service here".
- People received support from staff with time that was allocated just to support them with activities of their choosing. Rotas confirmed staff allocated along with what time the support was required. This meant staff support was planned in line with people's individual needs.
- People were supported by staff who had checks undertaken prior to working alone with people. Although one member of staff had started employment prior to their Disclosure and Barring Service (DBS) check coming through. The provider had undertaken a risk assessment which confirmed arrangements put in place whilst awaiting their DBS check. Other pre-employment checks had been completed whilst waiting for the outcome of their DBS. Although the provider had undertaken a risk assessment to mitigate the risks we expect all staff to have satisfactory checks completed prior to starting their employment.

We recommend the provider seeks best practice guidance to ensure staff have satisfactory checks in place prior to starting their employment.

### Assessing risk, safety monitoring and management

- People's care plans contained important information such as their support routines. On reviewing one person's care and support plan it contained detailed risk assessments around their individual support needs covering activities, shopping, and any risks relating to their individual care and support.
- People's care plans contained information relating to what equipment they needed such as if they used a wheelchair or other equipment. Although it was not always clear if they needed assistance or if they were independent with this equipment. We brought this to the attention of the manager so they could review and update this information.
- People had personal evacuation plans in place in case of an emergency.
- Environmental risk assessments were in people's care plans these covered any fire risks, personal appliance testing and how often fire testing was undertaken.

### Using medicines safely

- People received their medicines from staff who had received training in the safe administration of medicines.

- The Medicines Administration Chart for 1 person needed improving. This had been identified by the providers medicines audit completed the same month. We found 2 missing entries on the persons monthly Medicines Administration Chart. We also found their topical cream charts were not always confirming the person had received their prescribed cream as required. On checking another person's records we found all medicines had been signed to confirm their safe administration.
- Body maps were in place confirming guidance for staff on where topical creams should be applied.

#### Preventing and controlling infection

- People were supported in line with government guidance.
- Staff had access to personal protective equipment (PPE) such as gloves, aprons and if needed surgical face masks.
- People were supported by staff who had received training in infection control.
- People were supported to receive vaccinations such as COVID-19.

#### Learning lessons when things go wrong

- Systems were in place that monitored and recorded incidents and any near misses. Records confirmed details of what had occurred including any learning or actions taken to prevent a reoccurrence.
- Managers held de-brief sessions so that staff had the opportunity to discuss the incident. These were also attended by specialists and health and social care practitioners so that any changes or learning to the person's care and support could be made.
- Quality assurance systems were in place where managers reported incidents monthly. The provider's senior managers reviewed and monitored these reports to ensure actions were being taken.

#### Systems and processes to safeguard people from the risk of abuse

- People felt the support they received from staff was positive. 1 person told us, "Good support, it's good".
- Relatives feedback was positive about the support staff provided. A relative told us, "They get superb care. I can't fault them at all. They are happy there".
- Staff were able to explain the different types of abuse and who they would go to if they had concerns. Staff felt people received safe care.
- Safeguarding concerns were reported and monitored through quality assurance systems.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's wishes and choices were respected and people's care plans were personalised to their individual needs.
- Care plans contained important information relating to their individual routines.
- People had a health action plan and hospital passport in place. This contained important information such as how the person wished to be addressed, their likes and dislikes and what their individual wishes might be if they were to have a stay in hospital.
- People were supported by staff should they need assistance to verbalise their wishes. This was done through pictures and visual prompts which staff used to enable people to express their choice.

Staff support: induction, training, skills and experience

- People were supported by staff who received training. This was a mixture of face to face and online.
- Face to face training included moving and handling, first aid, fire safety, finances and control of substances hazardous to health (COSHH).
- Staff received a 2 week induction at the service where they were due to work. This covered policies and procedures along with an opportunity to become familiar with people whilst shadowing a more senior member of staff. One member of staff told us, "Induction is very helpful".
- Training was monitored each month to ensure staff were undertaking mandatory and refresher training. The provider's training matrix identified staff who were due training and what training had expired.
- Where staff were due training, an automated email was sent to the member of staff reminding them to complete the training. Staff had a set period of time to complete their training. This was monitored by the member of staff's manager, senior managers and the human resources team.
- Staff were supported to undertake the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervisions and felt well supported. One member of staff told us, "I get lots of support".
- Monthly quality assurance systems were in place to monitor training and supervisions. These were monitored by senior managers.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to make healthy choices around their diet. Referrals were made to dietitians and other professionals when required.

- People took an active part in menu planning and shopping. People told us it was important to them what they cooked. One person told us, "Eating healthy meals". They went on to say how they enjoyed cooking spaghetti bolognese and chilli con carne.
- People received support to verbalise their wishes around their meal choices and snacks. Pictures supported people should they need additional assistance to pick a meal or snack.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who worked in partnership with other agencies and health professionals.
- People were supported with appointments and referrals if required. 1 person told us how important it was to them to make their own appointments when required.
- Relatives were happy with the support staff provided with medical appointments. 1 relative told us, "They look after (person's name) properly. They get regular trips to the doctor". Another relative said, "(person's name) is getting everything including medical treatment".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. Where required appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People's care plans contained important information relating to whether the person lacked capacity and in relation to what.
- Where one person was being deprived of their liberty authorisations were in place. These were also recorded in the person's care plan.
- Staff encouraged people to make daily decisions about how they wished to be supported. Staff gave examples of how they supported people with menu choices, what they wanted to wear and how they wanted to spend their day.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives felt the support provided by staff was positive and respectful.
- People described the support they received as, "Good" and "A very good service here".
- People felt staff treated them well. 1 person told us, "Yes, they treat you well".
- People were supported by staff with their individual needs. This included attending church and other disability support groups.
- Relatives said the care was excellent. A relative told us, "We are happy with the service". They went on to say the member of staff who supports their son is, "Excellent". Other comments from family included, "We are really very happy" and "We are very pleased with everything". They went on to say they felt staff really do go, "The extra mile".

Supporting people to express their views and be involved in making decisions about their care

- People felt supported by staff to make decisions about their care and support. 1 person told us, "They give me choices. A lie in on a Sunday, or my own TV choice. We get plenty of choices. They treat me well".
- Staff told us how they support people to make daily choices. 1 member of staff told us, "We give choice around day to day support, meal choices, weekly menu, breakfast plan". Another member of staff told us it is people's choice and we respect their choice.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected and promoted people's privacy, dignity and independence.
- Staff confirmed they knocked on people's doors prior to entering their flat. They also confirmed how they provided towels to cover people up and closed curtains and doors to maintain privacy.
- People told us how important it was to them that they maintained their independence. 1 person told us they did this by maintaining their own personal care routine.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to receive personalised care in line with their individual needs and preferences.
- Care plans reflected people's wishes, what was important to them and their individual routines. This included how the person started their day and what their hobbies and interests were.
- People told us they had choice and control and were able to make their own decisions. 1 person told us, "I pick and choose what support and help I have". They went on to say how they felt able to discuss with staff what their wishes were with any aspect of their care and support.
- Care plans contained information such as people's medical history, their professionals and family contact details and if people had any allergies or religious needs.
- People's care plans contained information relating to their communication needs and preferences. This included how staff can support the person to make choices with pictures so that they could plan their menus. Care plans also confirmed how staff were to support the person with a relaxed and supportive approach of taking their time to explain and listen to the person.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported by staff with their individual communication in line with legal requirements.
- Staff knew people well and were able to give examples of how they support people in relation to their communication needs. This included using pictures, taking time to explain to people their choices and giving people visual choices so they could pick what option they wanted.
- People were supported with accessible information. This included receiving information on hate crime in an accessible format, so that people could understand it and keep themselves safe.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships to avoid social isolation.
- People were supported to access the community, undertake hobbies and attend local clubs such as the gym, church and other support groups.

- People were supported by staff to achieve goals and aspirations such as employment. 1 person told us how proud they were to work at a local café and how this was something they looked forward to each week.
- Another person told us how they were being supported by staff to explore becoming a football referee. They explained what checks they needed and that football was something that was important to them.
- People spoke about forthcoming holidays. Staff said this was important for people to look forward to.
- People held coffee mornings and other charity events to raise money and positively contribute towards supporting others. This included raising money for local good causes and local charities.
- People supported the local community by undertaking litter picking and a manager confirmed future events such as a local scavenger hunt were also planned.
- People were supported to maintain relationships with family and friends. This was through visits, phone calls and emails.

#### Improving care quality in response to complaints or concerns

- People were supported to express when they were unhappy with their care and support.
- Feedback was received verbally and through paper feedback forms. People spoke about how they were encouraged to speak up if they were unhappy with their care and support. 1 person told us how they felt able to raise anything with support staff and the manager of the service. They felt empowered to raise concerns and be listened to.

#### End of life care and support

- No one at the time of the inspection was receiving end of life care and support. We were assured that should this change people would be supported to access the help and support they needed.
- Care plans contained limited information in relation to people's future planning and end of life wishes. This was something that the service was looking to improve in the future with the implementation of a new electronic care planning system.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by staff who were passionate about providing person centred support.
- People were encouraged to pursue hobbies and interests important to them and achieve goals and aspirations. These included going on holiday, work opportunities, gardening and bicycle riding.
- People were encouraged to make daily decisions about how they wished to spend their time. This included getting up when they wished and going out into the community or spending time relaxing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers and staff knew people well. They supported people in an honest and open way.
- Staff were supported with debrief sessions following incidents. These were an opportunity to review any learning needs or actions required in line with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the quality of the service. Medicines audits identified shortfalls found during the inspection.
- Monthly quality checks were in place for safeguarding and incidents and accidents. These were monitored by the senior management team.
- Managers and staff were clear about their roles and responsibilities and all felt supported.

Continuous learning and improving care

- Managers spoke passionately about ensuring the support provided to people was empowering.
- Staff were put forward for awards where they were recognised for their individual contribution to the support they provided to people and their work.
- The provider had a values statement of putting people first, having a great staff team, being active in the community and making every penny count. Staff were happy working for the company. They told us, "A good company to work for" and "It's like a family".

Working in partnership with others

- Staff and management worked in partnership with others. This included a variety of health and social care professionals such as GP's, nurses, learning disability teams, local authorities and commissioners.
- Managers and staff spoke positively about supporting people to access the right support. This included people making decisions with their appointments.
- Records confirmed when people had attended medical appointments such as chiropody, including the outcome of these appointments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to be involved in feeding back their views and opinions.
- People received care and support in line with their individual needs. Pictorial information was available to people to enable them to make decisions.